

# State Employee Health Plan

Open Enrollment 2014

## COBRA Participants

## Choose Your Health Benefits

***Enrollment Period is October 1 - October 31, 2013.***

***Open enrollment elections are effective January 1, 2014.***



# COBRA Open Enrollment Notification 2014

The annual State Employee Health Plan (SEHP) COBRA open enrollment period is your opportunity to make changes to your health care coverage such as changing medical carriers or adding/dropping dependents from coverage. **There are plan design changes for Plan Year 2014. COBRA rates are also increasing effective January 1, 2014.**

It is very important that the premium payments for your current COBRA coverage are paid through the end of 2013 or you will not be eligible for COBRA continuation coverage in the upcoming plan year. **Premium payments must be made even if you do not receive a monthly invoice.** All premium payments are due on the first day of each month and must be postmarked by the end of the 30 day grace period allowed from the due date.

If there are special circumstances that apply to your COBRA continuation coverage, such as extended benefits due to disability, please contact COBRAGuard at 866-952-6272 for the 2014 rates.

**DEADLINE:** Open Enrollment elections must be completed on line no later than Thursday, October 31, 2013. **To enroll go to [www.hrissuite.com](http://www.hrissuite.com) - complete enrollment instructions are at the back of this booklet.**

**REMINDER:** A member selecting ANY level of medical coverage will automatically be enrolled in member only dental, and MAY select dental coverage for any dependents they have enrolled in medical coverage. **Dental coverage may not be selected without medical coverage.**

**REMINDER:** If you are adding dependents, you must submit appropriate supporting documentation with your enrollment form.

For a list of appropriate supporting documentation, please visit the SEHP website at **[www.kdheks.gov/hcf/sehp/DependentDoc.htm](http://www.kdheks.gov/hcf/sehp/DependentDoc.htm)** Please submit documentation to:

COBRAGuard, Inc.  
SEHP 2014 Open Enrollment  
P.O. Box 504216  
St. Louis, MO 63150-4216

# Contact Information

## State of Kansas Health Plan Vendors Web Site

[www.kdheks.gov/hcf/sehp/Vendors.htm](http://www.kdheks.gov/hcf/sehp/Vendors.htm)

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### Blue Cross and Blue Shield of Kansas

Customer Service Plan A, Plan B and Plan C

New Directions (Behavioral Health)

[www.bcbsks.com/CustomerService/Members/State/](http://www.bcbsks.com/CustomerService/Members/State/)

All Areas (Toll Free): 800-332-0307

Topeka: 785-291-4185

All Areas (Toll Free): 800-952-5906

Topeka: 785-233-1165

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### Coventry

Customer Service Plan A, Plan B and Plan C

Behavioral Health (MHNet)

[www.chckansas.com](http://www.chckansas.com)

All Areas (Toll Free): 855-326-2088

All Areas (Toll Free): 866-607-5970

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### UnitedHealthcare

Customer Service Plan A, Plan B, Plan C  
and Optimum Behavioral Health

[www.welcometouhc.com/kansas](http://www.welcometouhc.com/kansas)

All Areas (Toll Free): 866-799-1324

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### Preferred Lab Benefit Program - With Plans A and B only

#### • Quest Diagnostics Lab Card Program

Customer Service

Collection Site Listings

[www.labcard.com](http://www.labcard.com)

All Areas (Toll Free): 800-646-7788

[www.labcard.com/collection.html](http://www.labcard.com/collection.html)

#### • Stormont-Vail Regional Lab Program

Customer Service

Benefit Information and Collection Site Listings

[www.stormontvail.org/stateemployeeslab.html](http://www.stormontvail.org/stateemployeeslab.html)

All Areas (Toll Free): 800-637-4716

Topeka: 785-354-1150

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### Delta Dental of Kansas, Inc.

Customer Service

[www.deltadentalks.com](http://www.deltadentalks.com)

All Areas (Toll Free): 800-234-3375

Wichita: 316-264-4511

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### Caremark

Customer Service

Caremark Connect Specialty Pharmacy

[www2.caremark.com/kse](http://www2.caremark.com/kse)

All Areas (Toll Free): 800-294-6324

TDD (Toll Free): 800-863-5488

All Areas (Toll Free): 800-237-2767

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### Superior Vision Services

Customer Service

[www.superiorvision.com](http://www.superiorvision.com)

All Areas (Toll Free): 800-507-3800

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### COBRAGuard - COBRA Administrator

Customer Service

[www.cobraguard.net](http://www.cobraguard.net)

All Areas (Toll Free): 866-952-6272

Fax: 913-438-8385

# Highlights for Plan Year 2014

## WHAT'S CHANGING

### HEALTH PLANS:

#### Plans A and B ONLY -

- Urgent Care facility visits - office charge will be subject to a \$50 copay. Additional testing, sutures or other services will be subject to deductible and coinsurance.
- Deductible, Copays and Coinsurance apply to the Out of Pocket (OOP) maximum - See Comparison Chart.
- Annual Coinsurance and Copay maximum has increased - See Comparison Chart.

#### Plans A, B and C - Plan Design Changes due to the Affordable Care Act (ACA)

- Removal of the dollar limit on durable medical equipment
- Preventive Care Adjustments:
  - Well Woman Care
    - Add coverage for OTC contraceptives, if prescribed
    - Add coverage for BRCA gene testing for breast cancer
    - Add HIV testing for sexually active women
  - Polyp removal during colonoscopy is now included
  - Coverage for aspirin prescribed to reduce heart attacks

### PRESCRIPTION DRUG COVERAGE

**Plans A, B and C** - In order to comply with the ACA Plan Update for Plan Year 2014, Non preferred drugs will be counted toward meeting the coinsurance maximums in PY2014, Coinsurance Maximums will be as follows:

- Individual will be increased to \$2,750
- Family will be set at \$5,500 - **NEW**

## WHAT'S NEW

- Autism Spectrum Disorder coverage is now a permanent benefit. Coverage details are in the benefit description.
- Coverage for Bariatric Service for qualified patients. Coverage details are in the benefit description.

# Enrolling for Health Care Benefits

**Complete online enrollment instructions are at the back of this booklet.**

This booklet is intended to be used for:

#### **The Annual COBRA Open Enrollment Period (October 1 through October 31)**

Your benefit elections become effective January 1 of the following year. Your decisions are binding until the next annual open enrollment period (unless you experience a "qualifying event" that allows you to make a change. See the ***Changing Your Coverage*** section on the next page for details).

### **Who Can Be Covered**

In addition to covering yourself, you also can elect coverage for your eligible dependents. Your eligible dependents include:

- Your lawful spouse.
- Your child(ren) or stepchild(ren). To be covered under your health plan, your child or stepchild must be under the age of 26.

Documentation for each eligible dependent covered under the health plan, (such as a birth certificate or marriage license) must be submitted to COBRAGuard, Inc. no later than Friday, November 8, 2013. Please print your full name and Kansas employee ID number on each piece of documentation. If dependent documentation is not received by this deadline, the dependents will not be enrolled for coverage effective January 1, 2014.

### Changing Your Coverage

Qualifying events include life-altering events such as the birth or adoption of a child, marriage, divorce, death of a spouse or a dependent, or gain or loss of employment and benefits for a spouse or a dependent.

For a complete list of qualifying events, go to: [www.kdheks.gov/hcf/sehp/download/Active-EEGuide.pdf](http://www.kdheks.gov/hcf/sehp/download/Active-EEGuide.pdf)

**Note:** In the event of a divorce, coverage for your former spouse and stepchild(ren) ends on the last day of the month during which the divorce is finalized.

**Important:** Health plan changes due to a qualifying event must be consistent with the event. **You must contact COBRAGuard to make any changes.**

## Choosing Your Health Plan: Plan A, Plan B or Plan C

### You have access to all health plans regardless of where you live.

You have choices when it comes to your health care coverage. Choosing the appropriate health plan for you and your family may be easier than you think!

The State Employee Health Plan offers three health plan options:

- Plan A
- Plan B
- Plan C

Each option is designed differently (for example, deductibles, coinsurance and annual maximums) and each health plan vendor offers unique features. Be sure to consider these features before making your selection.

There are three health plan vendors:

- Blue Cross and Blue Shield of Kansas
- Coventry
- UnitedHealthcare

Each of the three health plan vendors has a unique network of contracting providers. Since network providers agree to accept the plan allowance as payment in full, using network providers saves you money! Non network providers have not agreed to accept the plan allowance, so any amount above the plan allowance will be your responsibility. Review the provider directories at [www.kdheks.gov/hcf/sehp/VendorProviderDirectories.htm](http://www.kdheks.gov/hcf/sehp/VendorProviderDirectories.htm)

### **All options offer the following:**

- Access to a broad network of providers nationwide which allows you flexibility in obtaining care with coverage for both network and non network providers.
- 100 percent coverage for certain preventive care services, such as an annual preventive exam, colonoscopy, mammograms and age-appropriate immunizations (including flu shots and allergy shots).
- Policies have no lifetime maximum.
- Prescription drug coverage through Caremark.

### **Plan A and Plan B**

Both plans A and B have the Preferred Lab Benefit program available through Quest Diagnostics or Stormont-Vail Healthcare.

Please review the Health Plan Comparison Chart available at [www.kdheks.gov/hcf/sehp/COBRA.htm](http://www.kdheks.gov/hcf/sehp/COBRA.htm) to see the differences in the deductible, coinsurance and annual coinsurance maximums for Plans A and B.

### **Plan C**

Plan C has a few differences including:

- Premiums for coverage are lower than those for Plan A and Plan B.
- The deductible you pay under Plan C is higher.
- The Plan C Caremark Preferred Drug List is the same as Plans A and B. With Plan C, prescription drug purchases are subject to the deductible. In Plan Year 2014, network claims for prescription drugs purchased after the deductible has been satisfied will be covered at 100%, if eligible under the pharmacy benefit.
- Most covered services are subject to the deductible.

# Preferred Lab Benefit

## *Available with Plans A & B Only*

To use the Preferred Lab Benefit, just present your Plan Year 2014 State Employee Health Plan ID card identifying your membership in either Plan A or B.

**Quest Diagnostics** continues to offer collection sites at various locations throughout the State of Kansas and nationwide. Also, you can arrange to have specimens picked up from your doctor's office. All it takes is a telephone call to the number on the back of your Quest ID card.

**Stormont-Vail HealthCare** now offers 8 locations in northeast Kansas, for all State Employee Health Plan members. You do not have to be a Cotton O'Neil patient to access this benefit. Lab orders from your physician are required.

For details, go to [www.kdheks.gov/hcf/sehp/PreferredLab.htm](http://www.kdheks.gov/hcf/sehp/PreferredLab.htm)

### PLEASE REMEMBER:

**You must verbally request to use your Preferred Lab Benefit.**

#### **The Preferred Lab Benefit Program does NOT cover:**

- Testing ordered during hospitalization
- Lab work needed on an emergency or STAT basis
- Testing done at any other laboratory
- Non-laboratory work such as mammography, x-rays, imaging and dental work
- Time sensitive, esoteric testing such as fertility testing, bone marrow studies and spinal fluid tests
- Testing not approved and/or covered by the State of Kansas Plans A or B
- Lab work billed to your health plan by your doctor or another laboratory
- Claims not paid as primary by the State Employee Health Plan

**The Preferred Lab Benefit is completely voluntary.** If you and your health care provider choose to use a lab other than those provided by either Quest Diagnostics or Stormont-Vail HealthCare, you still have laboratory coverage. However, you will be responsible for any deductible, copayments or coinsurance applied by the health plan.

# Caremark Prescription Drug Plan

Prescription drug coverage is provided through Caremark for Plans A, B and C, and its cost is included in the health plan rates. While the Preferred Drug List (PDL) is the same for all plans, the amount you pay will vary depending on the plan you select as explained below.

- **Plan A and Plan B.** Under these plans, generally you pay a coinsurance for your prescription drug costs throughout the year, up to a combined coinsurance maximum of \$2,750 for single and \$5,500 for member with dependent coverage per year.
- **Plan C.** Until you reach the deductible, you will pay 100% of the discounted cost for your prescriptions when you present your Caremark ID card. Once you have reached your annual health plan deductible, covered prescriptions are paid in full by the plan when a network pharmacy is used. Remember, you can use any remaining funds in your HSA to help pay for prescription costs applied to the deductible if you had Plan C while active.

It is suggested that you print out the Preferred Drug List (PDL) from the website and take it to any appointments with your physician, so you can talk about your options. The PDL is updated quarterly, so please check for updates throughout the year. Regardless of which plan you elect, your out-of-pocket costs will be lower if you use generic and/or preferred brand name drugs. The PDL is available at either: [www.kdheks.gov/hcf/sehp/Caremark.htm](http://www.kdheks.gov/hcf/sehp/Caremark.htm) or [www2.caremark.com/kse](http://www2.caremark.com/kse). You can also call Caremark at **800-294-6324** for help finding a preferred drug. A number of popular name brand drugs are projected to be available in generic versions during 2014. This list is also on the website.

The Caremark plan is designed to encourage you and your health care provider to choose the most cost-effective and clinically-effective medications available. Home delivery is available through Caremark and reorders are processed in as little as five to seven days. To place an initial order or reorder by phone, call 1-800-294-6324 or e-mail [\*\*online@caremark.com\*\*](mailto:online@caremark.com)

Specialty and biotech drugs are designed for difficult conditions that don't respond to traditional therapy. These drugs are available only through the Caremark Connect Specialty Pharmacy. Contact Caremark Connect at 1-800-237-2767. A Caremark representative will coordinate patient care with the provider and arrange for medication delivery.

For more information, go to [\*\*www.kdheks.gov/hcf/sehp/Caremark.htm\*\*](http://www.kdheks.gov/hcf/sehp/Caremark.htm)



# Delta Dental Plan

Member only dental coverage is provided for all members enrolled in medical coverage. If you choose to enroll your dependents in dental coverage the same dependents enrolled in dental coverage must be enrolled in medical coverage. Dependent dental coverage may not be dropped during the plan year unless dependent medical coverage is also dropped.

You have access to two Delta Dental provider networks.

## Delta Dental Premier Network

The Delta Dental Premier Network is the broad network of providers that you may use. Delta Premier Dentists agree to accept the plan allowance as payment in full. You will be responsible only for paying the specific coinsurance and deductibles for covered services in addition to any services not covered.

## Delta Dental PPO Network

Delta Dental also offers the Delta Dental PPO network. The PPO network providers have agreed to a reduced fee for providing dental services. As a result, you generally pay a lower percentage of the total bill than you would when using a Premier (or Non Network) Provider. The PPO network for our group includes all PPO providers in the national DeltaUSA PPO network. Participants have the option to use the PPO providers whenever desired.

## Preventive Care

Diagnostic and preventative services are covered at 100% with no deductible. Covered services include:

- Prophylaxis/cleanings – twice per plan year.
- Oral examinations – twice per plan year.
- Bitewing x-rays –
  - adults - once per plan year
  - children under 18 - twice per plan year
- Full mouth x-rays – once each five (5) years.
- Limited coverage for children only:
  - Sealants
  - Space maintainers
  - Topical fluoride
- Ancillary – emergency relief of pain.

## Plan Deductibles

A deductible of \$50 per person with a maximum annual family deductible of \$150 applies to all basic and major restorative care. This includes:

### Basic Restorative

- Regular restorative dentistry - fillings
- Oral surgery
- Endodontics – root canals
- Periodontics – treatment of gum and bone disease
- Additional diagnostic X-rays

### Major Restorative

- Special restorative dentistry – crowns
- Prosthodontics – bridges, implants and dentures
- TMJ Treatment – requires prior authorization

A \$1,000 per person per lifetime benefit applies to orthodontic benefits, and there is an annual benefit maximum of \$1,700 per person per year for all dental services except orthodontics. Implants have a limited coverage of up to a maximum of \$1,250 per year. See the Benefit Description for limitations or exclusions of the plan.

### **Enhanced & Basic Coverage**

Preventive Care Services are always covered at 100 percent of the allowed amount. Ninety days after a preventive office visit or cleaning, the member is eligible for the Enhanced benefit. If the member has had at least one routine prophylaxis (cleaning) and/or preventive oral exam in the preceding 12 months, basic restorative services are subject to a coinsurance of 20% when provided by a PPO provider and 40% coinsurance when provided by a Premier or Non Network provider. Major restorative services are covered at the 50% coinsurance rate for all providers.

The Basic benefit applies when the member has not had at least one routine prophylaxis (cleaning) and/or preventive oral exam in the prior 12 months. The member is responsible for paying 50% coinsurance for all basic and major restorative services, regardless of provider. For those at the Basic benefit level, you must wait 90 days from your cleaning or exam to qualify for the Enhanced benefit level.

New employees will have a one year grace period at the Enhanced level to get their annual exam and cleaning. For more details on Delta Dental Benefits, go to **[www.kdheks.gov/hcf/sehp/Delta.htm](http://www.kdheks.gov/hcf/sehp/Delta.htm)**

# Superior Vision Services Plan

You are offered two vision plans through Superior Vision Services\* — the Basic Plan and the Enhanced Plan. You may choose to enroll yourself and any eligible dependents in one of the vision plans, whether or not you or your dependents are enrolled in the health plan. If you choose dependent vision coverage, and dependent children are also enrolled in the medical plan, the dependent children enrolled in the vision plan must match those enrolled in the health plan. Please note that you can enroll or change your coverage only when you or a dependent first becomes eligible, during the annual open enrollment period, or if a dependent becomes ineligible. Mid-year changes to your vision coverage elections are not allowed even if you pay your premiums on an after-tax basis.

## Basic Vision Plan Coverage

Exams under the Basic plan are subject to a \$50 copay. A \$25 material copay to lenses also applies to frame purchases but not contacts, then the policy covers:

- 100% on single-vision, standard bifocal, trifocal, or lenticular lenses.
- Up to \$100 retail allowance for frames
- Elective contact lens allowance of \$150
- Home delivery of contacts at [www.svcontacts.com/](http://www.svcontacts.com/)
- Contact lens fitting benefit (with a \$35 copay)

## Enhanced Vision Plan Coverage

The Enhanced vision plan includes all Basic plan coverage, along with:

- Standard progressive lenses covered up to \$165
- High-index lenses or poly-carbonate lenses covered up to \$116
- Scratch and UV coating
- Contact lens fitting fee (subject to a \$35 copay with limited coverage)
- Frame allowance on Enhanced plan is now \$150 retail allowance

**Note:** Enhanced benefits are not available from non network providers.

## Special Features From Superior Vision Services

**Discounts are available for lens add-ons or upgrades not otherwise covered by the plan.** The discount is 20 percent and is available from providers identified in the Superior Vision provider directory with a "DP."

**Discounts on additional eyewear.** Discounts are available for additional eyewear purchases. The discounts range from 10 percent to 30 percent and are available at providers identified in the provider directory with a "DP."

**Discounts on refractive surgeries such as LASIK, RK and PR K.** Providers listed in the provider directory with the "RF" designation will provide Superior Vision members with a discount of 20 percent on refractive surgeries. For more details on vision benefits go to [www.kdheks.gov/hcf/sehp/Superior.htm](http://www.kdheks.gov/hcf/sehp/Superior.htm)

*\*The Superior Vision Plan is underwritten by National Guardian Life Insurance Company. National Guardian Life Insurance Company is not affiliated with The Guardian Life Insurance Company of America, aka The Guardian or Guardian Life.*

# 2014 COBRA OPEN ENROLLMENT PORTAL

## USERS INSTRUCTIONS

Cobra members wanting to make changes to their State Employee Health Plan (SEHP) benefits for Plan Year 2014 must complete their open enrollment elections online. Members will enroll online using any computer with Internet access – at work, home, or at most public libraries. This online enrollment is the only way to make changes to your COBRA coverage for 2014.

Starting **October 1, 2013**, you can visit the Kansas employee eligibility portal to verify your online account, review your contact information, review your current SEHP elections and then make any changes you want for 2014. The following information will provide you with step-by-step instructions on how to log on to verify your account and complete your open enrollment.

Prior to completing your online open enrollment you should review all your SEHP Open Enrollment 2014 materials to become familiar with your options. This includes your “2014 State Employee Health Plan for COBRA Members” booklet.

If you have any questions regarding your benefit options, please contact our COBRA Benefits Consultant at 785-296-0880.

**\*Before you begin, make sure you have the following information ready\***

- Your Social Security number (SSN)
- Your Date of Birth
- Your Kansas Employee ID number

**Starting October 1, 2013, if you have the information above, you are ready to log in, verify your account and complete your open enrollment elections for 2014.**

1. Go to the Kansas employee eligibility portal at [www.hrissuite.com](http://www.hrissuite.com)
2. The main login screen will appear. Enter your SSN, date of birth and Kansas employee ID number and click “**Login**”.
3. The next screen will ask you if you are eligible for Medicare.
4. The next screen will ask you to verify your address, contact phone number and email address. You will be able to update these or add them at this time. These 3 items are required to continue with your open enrollment process. You will only be asked to review and verify these 3 items once during your open enrollment process.
5. You will then be taken to your personal account dashboard. This screen will show all your current family members and your current SEHP elections. If you wish to add or change any family member information, you may do so on this screen. After you review your current SEHP elections, if you want to continue the same benefit elections for 2014, you can select the button “**Keep My Current Coverage**”. This will enroll you in the same benefit elections for 2014. If you wish to make changes to your SEHP benefits, select the button “**Change My Benefit Elections**” and follow the instructions on each screen to complete your enrollment.
6. Once you have completed your enrollment please make sure you save and submit your enrollment elections and print out a copy of your summary page for your records.

**Please note:** You may go into the enrollment portal as many times as you want during October 1 through October 31, 2013 and make changes. Benefit confirmation statements will be emailed directly to your registered email address each time you save an election in the portal. The SEHP benefits that you will be enrolled in January 1, 2014 will be based on the last enrollment elections that are in the eligibility portal as of midnight, November 30, 2013.

Starting **October 1 through October 31, 2013** if you experience any technical trouble with this portal, call the Help Desk at:

**1-800-832-5337 (Toll free)**

The Help Desk is open Monday – Friday 7 AM to 7 PM and Saturday – Sunday 9 AM to 2 PM Central Time.

After hours please e-mail: [techsupport@hrissuite.com](mailto:techsupport@hrissuite.com)

Include your name, phone number, Kansas employee ID number and an explanation of your issue and we will trouble shoot your issue and contact you within 24 hours with a resolution.

**Thank you for completing your COBRA 2014 SEHP Online Open Enrollment!**